

**State of Washington  
Department of Labor and Industries**

**NCPDP Payer Sheet for the State Fund  
Version 5.1 (Variable Format)**

**Current Specifications**  
**Specifications include National Provider Identifier (NPI), effective March 1, 2007**

<b>Transaction Header Segment - Required</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Bin Number	101-A1	Required	<b>610566</b> [L&I Bin#]
Version/Release Number	102-A2	Required	<b>51</b> [NCPDP 5.1]
Transaction Code	103-A3	Required	Valid Values: <b>B1</b> – Billing <b>B2</b> – Reversal (Only transactions L&I currently accepts)
Processor Control Number	104-A4	Required	Blank
Transaction Count	109-A9	Required	Valid Values: <b>1, 2, 3, 4</b> Enter the number of bills submitted for individual claim number.
Service Provider Id Qualifier	202-B2	Required	<b>01</b> [NPI (National Provider Identifier)] – effective 3/1/07 <b>07</b> [NCPDP Provider ID]
Service Provider Id	202-B1	Required	Enter the Pharmacy <b>NPI</b> (effective 3/1/07) or <b>NCPDP</b> Number.
Date Of Service	401-D1	Required	Date dispensed. Format: CCYYMMDD
Software Vendor/Certification Id	110-AK	Required	Blank
<b>Patient Segment - Not Used</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Segment Identification	111-AM	Not used.	

Insurance Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
Segment Identification	111-AM	Required	Valid Value: <b>04</b> [Insurance]
Cardholder Id	302-C2	Required	Enter 7-digit <b>Claim ID Number</b>
Cardholder First Name	312-CC	Optional	
Cardholder Last Name	313-CD	Required	
Home Plan	314-CE	Not used	
Plan Id	524-FO	Not used	
Eligibility Clarification Code	309-C9	Not used	
Facility Id	336-8C	Not used	
Group Id	301-C1	Not used	
Person Code	303-C3	Not used	
Patient Relationship Code	306-C6	Not used	
Claim Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
Segment Identification	111-AM	Required	Valid Value: <b>07</b> [Claim]
Prescription/Service Reference Number Qualifier	455-EM	Required	Valid Value: <b>1</b> [Rx Billing]
Prescription/Service Reference Number	402-D2	Required	
Product/Service Id Qualifier	436-E1	Required	Valid Value: <b>03</b> [NDC]
Product/Service Id	407-D7	Required	<b>NDC Number</b>
Associated Prescription/Service Reference#	456-EN	Not used	
Associated Prescription/Service Date	457-EP	Not used	
Procedure Modifier Code Count	458-SE	Not used	
Procedure Modifier Code	459-ER	Not used	

Quantity Dispensed	442-E7	Required	Enter fractional units as appropriate. Format: 9999999.999
Fill Number	403-D3	Optional	Valid values: <b>00</b> - original dispensing <b>01 - 99</b> Refill Number
Days Supply	405-D5	Required	
Compound Code	406-D6	Not used	
Dispense As Written(DAW)/Product Selection Code	408-D8	Conditional	Valid Values: <b>Ø</b> = No Product Selection Indicated <b>1</b> = Substitution Not Allowed by Prescriber <b>6</b> = Override for Emergency Supply. This value is used only by in-state pharmacies when dispensing an emergency supply of a non-preferred drug prescribed by a non-endorsing practitioner.
Date Prescription Written	414-DE	Required	
Number Of Refills Authorized	415-DF	Required	
Prescription Origin Code	419-DJ	Not used	
Submission Clarification Code	420-DK	Conditional	Use for Reject Code <b>79</b> - Refill Too Soon. Valid Values: <b>3</b> = Vacation Supply <b>4</b> = Lost Prescription <b>5</b> = Therapy Change <b>6</b> = Starter Dose <b>7</b> = Medically Necessary
Quantity Prescribed	460-ET	Not used	
Other Coverage Code	308-C8	Not used	
Unit Dose Indicator	429-DT	Not used	
Orig Prescribed Product/Service Id Qualifier	453-EJ	Not used	
Orig Prescribed Product/Service Code	445-EA	Not used	
Orig Prescribed Quantity	446-EB	Not used	
Alternate Id	330-CW	Not used	
Scheduled Prescription Id Number	454-EK	Not used	
Unit Of Measure	600-28	Not used	

Level Of Service	418-DI	Not used	
Prior Authorization Type Code	461-EU	Not used	
Prior Authorization Number Submitted	462-EV	Not used	
Intermediary Authorization Type Id	463-EW	Not used	
Intermediary Authorization Id	464-EX	Not used	
Dispensing Status	343-HD	Not used	
Quantity Intended To Be Dispensed	344-HF	Not used	
Days Supply Intended To Be Dispensed	345-HG	Not used	
<b>Pharmacy Provider Segment - Not Used</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Segment Identification	111-AM	Not used	

Prescriber Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
Segment Identification	111-AM	Required	Valid Value: <b>03</b> [Prescriber]
Prescriber Id Qualifier	466-EZ	Required	Valid Values: <b>01</b> [NPI (National Provider Identifier)] – effective 3/1/07 <b>08</b> [State License] <b>12</b> [Drug Enforcement Administration (DEA)] <b>13</b> [State Issued(L&I Provider ID)]
Prescriber Id	411-DB	Required	<b>NPI</b> – enter 10-digit National Provider Identifier – effective 3/1/07 <b>State License</b> – enter 10-digit WA State License Number <b>DEA</b> – enter 9-digit Federal Drug Enforcement Admin number <b>State Issue</b> – enter the 7-digit L&I Provider ID number
Prescriber Location Code	467-1E	Not used	
Prescriber Last Name	427-DR	Not used	
Prescriber Phone Number	498-PM	Not used	
Primary Care Provider Id Qualifier	468-2E	Not used	
Primary Care Provider Id	421-DL	Not used	
Primary Care Provider Location Code	469-H5	Not used	
Primary Care Provider Last Name	470-4E	Not used	
COB/Other Payments Segment - Not Used			
Field Name	Data Element Number	Required Status	Valid Values/Comments
Segment Identification	111-AM	Not used	

<b>Workers' Compensation Segment - Not Used</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Segment Identification	111-AM	Not used	
<b>DUR/PPS Segment - Optional</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Segment Identification	111-AM	Required	Valid Value: <b>08</b> [DUR/PPS]
DUR/PPS Code Counter	473-7E	Conditional	
Reason For Service Code	439-E4	Conditional	Valid Values: <b>DD</b> = Drug-Drug Interaction <b>HD</b> = High Dose <b>TD</b> = Therapeutic Duplication
Professional Service Code	440-E5	Conditional	Valid Values: <b>MØ</b> = Prescriber consulted <b>PØ</b> = Patient consulted <b>RØ</b> = Pharmacist consulted other source
Result Of Service Code	441-E6	Conditional	Valid Values: <b>1A</b> = Filled As Is, False Positive <b>1B</b> = Filled Prescription As Is <b>1C</b> = Filled, With Different Dose <b>1D</b> = Filled, With Different Directions <b>1F</b> = Filled, With Different Quantity <b>1G</b> = Filled, With Prescriber Approval
DUR/PPS Level Of Effort	474-8E	Not used	
DUR Co-Agent Id Qualifier	475-J9	Not used	
DUR Co-Agent Id	476-H6	Not used	

Pricing Segment - Required			
Field Name	Data Element Number	Required Status	Valid Values/Comments
Segment Identification	111-AM	Required	Valid Value: <b>11</b> [Pricing]
Ingredient Cost Submitted	409-D9	Not used	
Dispensing Fee Submitted	412-DC	Not used	
Professional Service Fee Submitted	477-BE	Not used	
Patient Paid Amount Submitted	433-DX	Conditional	When the claim is rejected with Reject codes 52 or 67, enter the amount the injured worker paid, not to exceed the maximum allowable. Resubmit the claim. L&I will capture the claim and reimburse the worker if and when the L&I claim is allowed.
Incentive Amount Submitted	438-E3	Not used	
Other Amount Claimed Submitted Count	478-H7	Not used	
Other Amount Claimed Submitted Qualifier	479-H8	Not used	
Other Amount Claimed Submitted	480-H9	Not used	
Flat Sales Tax Amount Submitted	481-HA	Not used	
Percentage Sales Tax Amount Submitted	482-GE	Not used	
Percentage Sales Tax Rate Submitted	483-HE	Not used	
Percentage Sales Tax Basis Submitted	484-JE	Not used	
Usual And Customary Charge	426-DQ	Not used	
Gross Amount Due	430-DU	Required	Enter the total of the drug cost and professional fee.

Basis Of Cost Determination	423-DN	Not used	
<b>Coupon Segment - Not Used</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Segment Identification	111-AM	Not used	
<b>Compound Segment - Not Used</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Segment Identification	111-AM	Not used	
<b>Prior Authorization Segment - Not Used</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Segment Identification	111-AM	Not used	
<b>Clinical Segment - Not Used</b>			
<b>Field Name</b>	<b>Data Element Number</b>	<b>Required Status</b>	<b>Valid Values/Comments</b>
Segment Identification	111-AM	Not used	